

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002143

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 48

1. PLACE OF DEATH FEB 4 1963

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN JoplinLength of stay in 1b  
19 yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Freeman HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jasperc. CITY OR TOWN Joplin  
d. STREET ADDRESS (If outside, give location)  
2009 Sergeant AvenueInside Limits  
Yes ☒ No ☐Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
EMMA JOSEPHINE STOTTS4. DATE OF DEATH  
Month Day Year  
January 25, 19635. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
3/1/18889. AGE (last birthday)  
7410. IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife10b. KIND OF BUSINESS OR INDUSTRY  
Home11. BIRTHPLACE (City and state or country)  
Pittsburg, Kansas12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

George Crocker

13b. MOTHER'S MAIDEN NAME

Lucy Kelley

14. NAME OF HUSBAND OR WIFE  
Claude Stotts 194515. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)16. SOCIAL SECURITY NO.  
[REDACTED]17. INFORMANT Daughter - Address  
Mrs. Cloyd A. Carlin, 2007 Moffet Ave., Joplin

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease.

INTERVAL BETWEEN ONSET AND DEATH  
5 years.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 2, 1957 to Jan. 25, 1963 and last saw her alive on Jan. 25, 1963  
Death occurred at 1:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

304 Medical Arts Bldg.  
Joplin, Mo.

22c. DATE SIGNED

1-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal23b. DATE  
1-29-196323c. NAME OF CEMETERY OR CREMATORY  
Girard Cemetery,23d. LOCATION (City, town, or county)  
Girard, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MISSOURI

25. DATE RECD. BY LOCAL REG.

1-28-1963

26. REGISTRAR'S SIGNATURE

Dore Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

1 0499

2 0499

3

4 1

5 2

6

7 1

8 0

9 200

10

11

12 4-0

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert A. York*

Licensed Embalmer No.

5193

P. O. Address

*John M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.